

HP Enterprise Services

278 Companion Guide For Prior Authorization
Request and Response Transactions

Nevada Medicaid Management Information System
(NV MMIS)

State of Nevada

Division of Health Care Financing and Policy (DHCFP)
Medicaid Management Information System (MMIS)

In Support of the:
Nevada MMIS Takeover Project
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Change history

Date (mm/dd/yyyy)	Description of Changes	Pages Impacted
8/22/2011	Removed yellow highlighting from email address and phone number in response to specific deliverable review comments. Formatting adjustment reduced page count from 9 to 7.	1, 7
8/31/2011	Removed HP Confidentiality and Trademark statements for consistency with other documents.	ii
12/05/2011	Takeover HPES	All



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Introduction

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid and all other health insurance payers in the United States comply with the Electronic Data Interchange (EDI) standards for health care as established by the Secretary of Health and Human Services. The X12N Health Care Implementation Guides have been established as the standards of compliance and are available online at <http://www.wpc-edi.com/HealthCareFinal.asp>.

This Companion Guide provides specific requirements for submitting electronic claim data to HP Enterprise Services, Inc. It supplements but does not contradict the X12N Health Care Implementation Guides and should be used solely for the purpose of clarification.

For additional information on electronic transaction standards, see the Department of Health and Human Services web site at <http://aspe.hhs.gov/admsimp/>

If you have any questions regarding EDI transactions or the contents of this manual, please contact the EDI Coordinator at nvmmis.EDIsupport@hp.com or (877) 638-3472.

Purpose

The Prior authorization request and response transaction (278) is used to request and receive a response for referrals, certification and authorization of the following:

- Health care services
- Health care admission
- Extend certification



Special Notes

Request transactions may be sent 24 hours a day, 7 days a week. Only Medicaid providers and/or vendors may submit requests.

278 Request segments: Dependent Level Segments – Nevada Medicaid does not require any Dependent level segment information to process the 278 Request transactions. In Nevada, the Subscriber is the patient and all Dependent level segments are ignored during processing.

HI – Subscriber diagnosis – Loop 2000C – Within the HI Subscriber Diagnosis loop (2000C) the only Diagnosis code needed for Nevada Medicaid is the Primary Diagnosis code. All other codes will be ignored for this transaction. Place the Primary Diagnosis code in data element HI02-2.



PWK – Additional patient information – Loop 2000C – The PWK segment is used when an attachment or supporting documentation is needed for the prior authorization. The requester will input the Patient account number in data element PWK06 when submitting attachments or supporting documentation. When the requester receives the immediate response the prior authorization number (tracking number) will be returned in the PWK06 data element.

Workaround for the Dental EDI 278 Request Transaction

The format is variable length, accommodating for reporting tooth number, surfaces for that tooth number and arches if applicable for up to 12 potential Procedure codes in the HI segment. However, a fixed length for each procedure is used to accommodate one tooth number, up to 5 surfaces for that tooth number and 2 arch/quadrant designations. The procedure for reporting the tooth information is identified in the MSG segment by the corresponding HI element for which that procedure is located. The following 11 bytes is allocated for the tooth information for that procedure. If that procedure has less than 5 surfaces and 2 arch/quadrant designations, the remaining bytes are space filled. In the event that you report 12 procedures in the HI and all 12 procedures have tooth information; a total of 180 bytes of the MSG segment would be used for this workaround.

- ❖ When reporting tooth numbers 1 through 9, zero fill the first byte so the field reads 01, 02, etc. When reporting primary dentition (A through M), pad the second byte with a space. This gives providers and payers a consistent location to identify tooth numbers.
- ❖ If you need to send a text message also, begin the text message with the word "TEXT." This allows the text to be parsed more easily.

Example of the Dental EDI 278 Request Transaction

The following is an example of a Dental EDI 278 Request transaction followed by a legend explaining its components.

MSG*HI01T#SSSSSA#XXHI02T#SSXXA#A#TEXT

T# = where the tooth number would be represented

S = where tooth surfaces would be reported

A# = arch information

X = space fill



Procedure Code Modifiers

The format is variable length, which accommodates reporting modifiers for up to 12 potential Procedure codes in the HI segment. However, a fixed length for each procedure is used to accommodate up to four modifiers. This allows translators to parse the data more easily when reading the MSG segment. The procedure modifier is identified in the MSG segment by the corresponding HI element for which that procedure is located. The following eight bytes is allocated for a maximum of four modifiers related to that procedure. The remaining bytes are space filled if less than four modifiers are reported. In the event that 12 procedures are reported in the HI and all 12 procedures have at least one modifier, a total of 144 bytes would be used in the MSG segment for this workaround.

- ❖ If there is also a text message that needs to be sent, begin the text message with the word "TEXT." This allows the text to be parsed more easily.

Example of Procedure Code Modifier Reporting

MSG*HI01m1m2m3m4TEXT This is an example

MSG*HI01M1M2XXXXHI12M1XXXXXX~

278 Prior Authorization Request

Page	Loop	Segment	Data Element	Comments
B.3	N/A	ISA	ISA01 – authorization information qualifier	Use 00 – No authorization information present
B.3	N/A	ISA	ISA03 – security information qualifier	Use 00 – No security information present
B.3	N/A	ISA	ISA05 – interchange ID qualifier	Use ZZ – mutually defined
B.3	N/A	ISA	ISA06 – interchange sender ID	Use 4-digit service center code assigned by Nevada Medicaid
B.5	N/A	ISA	ISA08 – interchange receiver ID	Use 'NVM FHSC FA'
B.6	N/A	ISA	ISA14 – acknowledgment requested	Use 0 – No acknowledgement requested (see immediate response)
B.8	N/A	GS	GS02 – application sender's code	4-digit service center code assigned by Nevada Medicaid



Page	Loop	Segment	Data Element	Comments
B.8	N/A	GS	GS03 – application receiver's code	Use ' NVM FHSC FA'
B.8	N/A	GS	GS08 – Version/Release Industry ID code	Use 004010X094A1.
57	2010A – UMO name	NM1	NM108 – identification code qualifier	Use PI
57	2010A – UMO name	NM1	NM109 – identification code	Use 'NVM FHSC FA'
61	2010B – requester name	NM1	NM108 – identification code qualifier	Use 46 - ETIN
62	2010B – requester name	NM1	NM109 – identification code	This is the 9-digit provider Medicaid ID number assigned by Nevada Medicaid
40(A)	2010CA – subscriber name	NM1	NM108 – identification code qualifier	Use MI – member identification number. This qualifier will represent the individual as a Nevada Medicaid enrollee.
40(A)	2010CA – subscriber name	NM1	NM109 – identification code	11-digit recipient Medicaid ID number assigned by Nevada Medicaid.
81	2000C – subscriber diagnosis	HI	HI01-2 – industry code	Enter the diagnosis code in this field.
35(A)	2000C – additional patient information	PWK	PWK06 – identification code	Send in the patient account number in this field when an attachment or supporting documentation is needed. The prior authorization number (authorization number) will be sent back on the immediate response to be utilized when sending in attachments or supporting documentation.



Page	Loop	Segment	Data Element	Comments
123	2000E – message text	MSG	MSG01 – Free form message text	The free form message text will not be used for processing in Nevada.
135	2010E – service provider information	PRV	PRV01 – provider code: AD=Admitting AS= Assistant Surgeon AT=Attending Co=Consulting CV=Covering OP=Operating OR=Ordering OT=Other Physician PC=Primary Care Physician PE=Performing	Identifies the type of provider. AD, AS, AT, Co, CV, OP, OR, OT, PC, PE. Use the OR for ordering when associated with the Referring Provider.
136	2010E – service provider information	PRV	PRV03 – reference identification	This is the 9-digit referring provider Medicaid ID number assigned by Nevada Medicaid.
54(A)	2000F – service trace number	TRN	TRN02 – reference identification	For a single service trace number Nevada Medicaid will accept a maximum of 18 procedures. If more than 18 procedures are necessary, submit another service trace number with up to 18 additional procedures.
150	2000F – previous certification identification	REF	REF02 – reference identification	This is where the 9-digit Prior authorization number is placed for submitting a cancellation, change or reconsideration.
211	2000F – Message Text	MSG	MSG01 – Free form message text	Workarounds will go in this segment for dental prior authorizations and procedure code modifiers.



278 Prior Authorization Response

Page	Loop	Segment	Data Element	Comments
B.4	N/A	ISA	ISA06 – interchange ID qualifier	The value sent back is NVM FHSC FA.
B.8	N/A	GS	GS02 – application sender's code	The value sent back is NVM FHSC FA.
B.8	N/A	GS	GS03 – application receiver's code	The value sent back is the service center code assigned by HP Enterprise Services.
B.8	N/A	GS	GS08 – Version/Release Industry ID code	Use 004010X094A1.
226	2010A – UMO name	NM1	NM102 – entity type qualifier	The value sent back is 2 (Non- person Entity).
226	2010A – UMO name	NM1	NM103 – name last or organization name	The value sent back is DHCFP.
229	2010A – UMO contact	PER	PER03 – communication number qualifier	EM
229	2010A – UMO contact	PER	PER04 – communication number	The value sent back is nvmmis.EDIsupport@hp.com
97 (A)	2000C – subscriber diagnosis	HI	HI01-1 – code list qualifier code	The value sent back is BF (Diagnosis).
108 (A)	2000C – additional patient information	PWK	PWK06 – identification code	The value sent back in this field is the prior authorization number when an attachment or supporting



Page	Loop	Segment	Data Element	Comments
				documentation is needed for the prior authorization.
173 (A)	2000F – health care services review	HCR	HCR02 – reference identification	The value sent back in this field is the prior authorization number.
B.4	N/A	ISA	ISA06 – interchange ID qualifier	The value sent back is NVM FHSC FA.
B.8	N/A	GS	GS02 – application sender's code	The value sent back is NVM FHSC FA.
B.8	N/A	GS	GS03 – application receiver's code	The value sent back is the service center code assigned by HP Enterprise Services.
B.8	N/A	GS	GS08 – Version/Release Industry ID code	Use 004010X094A1.
226	2010A – UMO name	NM1	NM102 – entity type qualifier	The value sent back is 2 (non- person entity).
226	2010A – UMO name	NM1	NM103 – name last or organization name	The value sent back is DHCFP.

